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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number	10/655,772
Filing Date	September 5, 2003
First Named Inventor	Zhou, et al.
Art Unit	3762
Examiner Name	M.W. Kahelin

Attorney Docket Number

S232-USA

**ENCLOSURES (Check all that apply)**

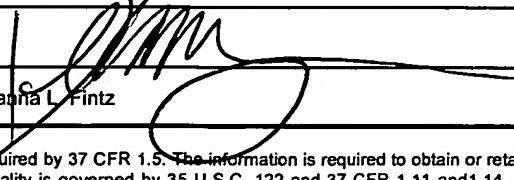
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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	<b>Remarks</b>	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	SECOND SIGHT MEDICAL PRODUCTS, INC.		
Signature			
Printed name	Tomas Lendvai, Ph.D.		
Date	FEB 22 2007	Reg. No.	57,488

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Signature			
Typed or printed name	Deanna L. Fintz	Date	February 22, 2007

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